| Fill in this i            | nformation to ide   | entify your case:      |               | Chec<br>Form |
|---------------------------|---------------------|------------------------|---------------|--------------|
| Debtor 1                  | Cheryl D Marti      | n                      |               |              |
|                           | First Name          | Middle Name            | Last Nam e    |              |
| Debtor 2                  |                     |                        |               | _            |
| (Spouse, if filing)       | First Name          | Middle Name            | Last Nam e    | 2.           |
| United States             | Bankruptcy Court fo | rthe: Western District | of Washington |              |
| Case number<br>(If known) |                     |                        |               | а.           |
|                           |                     |                        |               |              |

| Check one box only | as directed | in this form | and in |
|--------------------|-------------|--------------|--------|
| Form 22A-1Supp:    |             |              |        |

- here is no presumption of abuse.
- he calculation to determine if a presumption of abuse applies will be made under Chapter 7 Means Test Calculation (Official Form 22A-2).
- he Means Test does not apply now because of qualified military service but it could apply later.
- Check if this is an amended filing

## Official Form 22A-1

## Chapter 7 Statement of Your Current Monthly Income

12/14

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 22A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

- 1. What is your marital and filing status? Check one only.
  - Not married. Fill out Column A, lines 2-11.
  - Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
  - Married and your spouse is NOT filing with you. You and your spouse are:
    - Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
    - Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Column A

Column B

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

|  | Debtor 1 | Debtor 2 or non-filing spouse |
|--|----------|-------------------------------|
| <ol><li>Your gross wages, salary, tips, bonuses, overtime, and commissions (before all<br/>payroll deductions).</li></ol>  | \$0.00   | \$0.00                        |
| 3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.   | \$0.00   | \$0.00                        |
| 4. All amounts from any source which are regularly paid for household expenses<br>of you or your dependents, including child support. Include regular contributions<br>from an unmarried partner, members of your household, your dependents, parents,<br>and roommates. Include regular contributions from a spouse only if Column B is not<br>filled in. Do not include payments you listed on line 3. | \$0.00   | \$0.0 <u>0</u>                |
| 5. Net income from operating a business, profession, or farm   |          |                               |
| Gross receipts (before all deductions) \$0.00  |          |                               |
| Ordinary and necessary operating expenses - \$0.00   |          |                               |
| Net monthly income from a business, profession, or farm \$ \$ Copyhere →   | \$0.00   | \$0.00                        |
| 6. Net income from rental and other real property  |          |                               |
| Gross receipts (before all deductions) \$0.00  |          |                               |
| Ordinary and necessary operating expenses - \$0.00   |          |                               |
| Net monthly income from rental or other real property \$0.00 Copyhere→   | \$0.00   | \$ <u> </u>                   |
| 7. Interest, dividends, and royalties  | \$0.00   | \$0.00                        |

|  |   | Column A Debtor 1        | Column B<br>Debtor 2 or<br>non-filing spouse |                                       |
|--|---|--------------------------|--|---------------------------------------|
| . Unemployment compensation  |   | \$0.00                   | \$ <b>0.00</b>                               |                                       |
| Do not enter the amount if you contend that the a under the Social Security Act. Instead, list it here:  |   |                          |  |                                       |
| For you  | \$0.00  |                          |  |                                       |
| For your spouse  | ······ \$ <b>0.00</b>   |                          |  |                                       |
| . <b>Pension or retirement income.</b> Do not include a benefit under the Social Security Act.   | any amount received that was a  | \$ <b>0.00</b>           | \$0.00                                       |                                       |
| <ol> <li>Income from all other sources not listed above         Do not include any benefits received under the S         as a victim of a war crime, a crime against human         terrorism. If necessary, list other sources on a see</li> </ol> | ocial Security Act or payments receinity, or international or domestic            |                          |  |                                       |
| 10a  |   | \$                       | \$   |                                       |
| 10b  |   | \$                       | \$   |                                       |
| 10c. Total amounts from separate pages, if any.  |   | +\$0.00                  | +\$0.00                                      |                                       |
| Calculate your total current monthly income. column. Then add the total for Column A to the total for Column A.  |   | \$0.00                   | + \$0.00                                     | \$0.00  Total current montincome      |
| Calculate your current monthly income for the     Copy your total current monthly income fro   |   | Copy                     | v line 11 here → 12a.                        | \$0.00                                |
| Multiply by 12 (the number of months in a y  |   |                          | L  | <b>x</b> 12                           |
| 12b. The result is your annual income for this pa  |   |                          | 12b.   | \$0.00                                |
| 3. Calculate the median family income that appli   | as to val. Follow these steps:  |                          | L  |                                       |
|  | Washington  |                          |  |                                       |
| Fill in the state in which you live.   | wasnington  |                          |  |                                       |
| Fill in the number of people in your household.  | 1   |                          | _  |                                       |
| Fill in the median family income for your state and  | d size of household   |                          | 13.  | \$_53,234.00                          |
| To find a list of applicable median income amoun instructions for this form. This list may also be av  | ts, go online using the link specified<br>ailable at the bankruptcy clerk's offic | in the separate          | L  | · · · · · · · · · · · · · · · · · · · |
| 4. How do the lines compare?   |   |                          |  |                                       |
| 14a. Line 12b is less than or equal to line 13. Go to Part 3.  | On the top of page 1, check box 1,  | There is no presumption  | on of abuse.                                 |                                       |
| 14b. Line 12b is more than line 13. On the top<br>Go to Part 3 and fill out Form 22A–2.  | o of page 1, check box 2, <i>The pr</i> es <i>u</i>                               | mption of abuse is dete  | ermined by Form 22A                          | 2.                                    |
| Part 3: Sign Below   |   |                          |  |                                       |
| By signing here, I declare under penalty of  | of perjury that the information on this   | s statement and in any a | attachments is true an                       | d correct.                            |
| /s/ Cheryl D Martin  | *   |                          |  |                                       |
| -  |   | Signature of Debtor 2    |  |                                       |
| Signature of Debtor 1  |   |                          |  |                                       |
| Date September 21, 2015 MM / DD / YYYY   |   | Date                     | _  |                                       |
| Date <b>September 21, 2015</b>   |   |                          | _  |                                       |